

Application for Federal Assistance

1. Type of Submission Application Preapplication Construction Construction X Non-Construction Non-Construction		2. Date Submitted 2002.5.29	Applicant Identifier
		3. Date Received by State	State Application Identifier
		4. Date Rec'd by Fed. Agency	Federal Identifier
5. Applicant Information Legal Name Organizational Unit:			
American Widget Association		n.a.	
Address (including City/County/State/Zip): 1717 Widget Lane Phoenix (Maricopa), AZ 89999		Name/phone/email of person to be contacted regarding application: Andrew Gibb, AWA Marketing Manager 602-555-5555 AGibb@AmWidgetAssoc.org	
6. Employer Identification Number (EIN): 89-1234567		7. Type of Applicant (enter appropriate code): <u> N </u> A. State H. Independent School Dist. B. County I. State Controlled Inst. Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) <u> trade assoc. </u>	
8. Type of Application _X_ New ___ Continuation ___ Revision			
9. Name of Federal Agency: U.S. Department of Commerce			
10. Catalog of Fed. Domestic Assistance Number Market Development Cooperator Program 11-112			
12. Areas Affected by Project (industry/markets) Widgets / Sinfonia		11. Descriptive Title of Applicant's Project: Sinfonia Initiative: Promotion of U.S. widget exports to Sinfonia.	
13. Proposed Project Start Date Ending Date		14. Congressional Districts of: a. Applicant b. Project	
2003.1.1	2005.12.31	1	Mostly 1. Will vary based on activity.
15. Estimated Funding: a. Federal 341,617 b. Applicant 413,120 c. State 0 d. Local 900 e. Other 296,494 f. Program Income 0 g. TOTAL 1,052,131		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes. This application was made available to the State Executive Order 12372 process for review on: Date: _____ b. No. _X_ Program is not covered by E.O. 12372. ___ Or, program has not been selected by state for review.	
		17. Is Applicant Delinquent On Any Federal Debt? ___ Yes. If "yes," attach an explanation. No <u> X </u>	
18. To the best of my knowledge and belief, all data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Type Name of Authorized Representative Anna Purna		b. Title Executive Director	
		c. Telephone Number/Email: 602-555-5556 APurna@AmWidgetAssoc.org	
d. Signature of Authorized Representative (signature)		e. Date Signed 2001.5.29	

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

Do not fill-in shaded areas.